

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-575)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	10/088417					
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1		1		1	52						
3		2		2		1	53						
4		3		3		1	54						
5		0		0		1	55						
6		0		0		1	56						
7		0		0		1	57						
8		0		0		X	58						
9		0		0		1	59						
10		0		0		1	60						
11		0		0		1	61						
12		0		0		1	62						
13		0		0		1	63						
14		0		0		1	64						
15	1		1		1		65						
16		0		0		0	66						
17		0		0		0	67						
18		0		0		0	68						
19		0		0		0	69						
20		0		0		0	70						
21		0		0		0	71						
22		0		0		0	72						
23		0		0		0	73						
24		0		0		0	74						
25		0		0		0	75						
26		0		0		0	76						
27		0		0		0	77						
28		0		0		0	78						
29		0		0		0	79						
30		0		0		0	80						
31		0		0		0	81						
32		0		0		0	82						
33		0		0		0	83						
34		0		0		0	84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		3		TOTAL IND.						
TOTAL DEP.		3		3	28		TOTAL DEP.						
TOTAL CLAIMS	1	3	1	3	31		TOTAL CLAIMS						

PTO-1350 (9-75)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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